

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

**PRINTED: 03/07/2017
FORM APPROVED**

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11965667	(X3) DATE SURVEY COMPLETED R 01/31/2017
NAME OF PROVIDER OR SUPPLIER ARBOR OAKS AT GREENACRES	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 JOG RD GREENACRES, FL 33467	

**SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)**

0000 - Initial Comments

An unannounced revisit to the complaint survey #2016011921 and #2016011566 was conducted on 01/30/2017 & 01/31/2017 at Arbor Oaks at Greenacres (License #9996). The facility had no deficiencies at the time of the visit.